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PATENT - POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Patent Number	7043770
	Issue Date	5/16/2006
	First Named Inventor	Frank W. Cunningham
	Title	PUNCTURE AND CUT RESISTANT SURGICAL GLOVE WITH MAXIMUSPHERE CAPTURE DEVICES
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified patent.

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I am the:

☒ Inventor, having ownership of the patent.

OR

☐ Patent owner.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature		Date	June 01, 2009
Name	Frank W. Cunningham, M.D.	Telephone	310 377-4764
Title and Company			

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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